



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • [www.sosweb.state.ar.us](http://www.sosweb.state.ar.us)

**Instructions:** File with the Secretary of State's Corporations Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address.

**Corporations Division**  
State Capitol  
Little Rock, Arkansas  
72201-1094

PLEASE TYPE OR CLEARLY PRINT IN INK

## Application for Qualification of Limited Liability Partnership

(Under Act 1518 of 1999)

(Please Type or Print)

1. The name of the limited liability partnership is: \_\_\_\_\_  
\_\_\_\_\_
2. a. The street address of the Chief executive office of the limited liability partnership is: \_\_\_\_\_  
\_\_\_\_\_  
b. The street address of an office in Arkansas, if different from the Chief executive office: \_\_\_\_\_  
\_\_\_\_\_
3. If there is no office in Arkansas, the name and street address of the agent for service of process for the limited liability partnership who is also an Arkansas Resident or has authority to do business in Arkansas is:  
\_\_\_\_\_  
\_\_\_\_\_
4. Statement of intent to be a limited liability partnership: \_\_\_\_\_  
\_\_\_\_\_
5. Deferred effective date, if any: \_\_\_\_\_

Signed \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)

Signed \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)